

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-006594**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 929

**FILED MAR 7 1962**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |  |
| a. COUNTY <u>Jackson</u>  | b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | a. STATE <u>Missouri</u>   | b. COUNTY <u>Jackson</u>   |
| Length of stay in 1b <u>60 yrs.</u>   |  | c. CITY OR TOWN <u>Kansas City</u>   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>                               |  | d. STREET ADDRESS (If outside, give location) <u>818 Wyandotte</u>   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)   |  | 4. DATE OF DEATH   | Month Day Year   |
| First Middle Last <u>George Littick</u>   |  | <u>2 14 62</u>   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>11/13/87</u>   |
| 9. AGE (last birthday) <u>74</u>  |  | IF UNDER 1 YEAR IF UNDER 24 HR   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired vender</u>                 |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Star</u>  | 11. BIRTHPLACE (City and state or country) <u>Unknown</u>                          |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u>  |  | 13a. FATHER'S NAME <u>Unknown</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>1</u>   |  |
| 17. INFORMANT Address <u>Jackson Co Welfare K.C., Mo.</u>   |  | 18. CAUSE OF DEATH (Enter only one cause per line)   |  |
| PART I. DEATH WAS CAUSED BY:  |  | IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>  |  |
| CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b) _____   |  |
| DUE TO (c) _____  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.  |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                    |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                      |  | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                            |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE   |  |
| 21. I attended the deceased from <u>2-11-62</u> to <u>2-14-62</u> and last saw him alive on <u>2-14-62</u>                        |  | Death occurred at <u>7:48 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.                                    |  |
| 22a. SIGNATURE <u>Frank Ellis</u> (Degree or title)   |  | 22b. ADDRESS <u>2400 Cherry</u>  |  |
| 22c. DATE SIGNED <u>2-16-62</u>   |  | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  |
| 23b. DATE <u>2/17/62</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. Olivet Cemetery</u>  |  |
| 23d. LOCATION (City, town or county) <u>Kansas City Missouri</u>  |  | 24. FUNERAL DIRECTOR ADDRESS <u>Sheil Funeral Home K.C., Mo.</u>   |  |
| 25. DATE RECD. BY LOCAL REG. <u>2-16-62</u>   |  | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

AMENDED

FILED 11 1 195

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.